

APPENDIX B

STATEMENT OF WORK

EXHIBITS

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CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: Prepared: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

Signature of County Representative

Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative

Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of Contractor Representative

Date

COUNTY ACTIONS: _____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date

Contractor Representative's Signature and Date

**PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART
DIETARY ADMINISTRATIVE SUPPORT SERVICES (DASS) PROGRAM
2016 - 2020**

The Performance Requirements Summary (PRS) Chart is a listing of the minimum required services/tasks and performance that will be monitored during the Contract term. The PRS Chart also lists examples of the types of documents that will be used during monitoring, as well as the standards of performance, the acceptable quality level of performance, and remedies for non-compliance that are available if Contractor fails to perform at the acceptable quality level.

All listings of required services or standards used in this Performance Requirements Summary Chart are intended to be completely consistent with the terms and conditions of the Sample Contract and the Statement of Work (Appendix B to the RFP, Appendix A, Exhibit B to the Sample Contract) and are not meant in any case to create, extend, revise, or expand any obligation of the CONTRACTOR beyond that defined in the terms and conditions of this Sample Contract and Statement of Work. In any case of apparent inconsistency between required services or Standards as stated in the terms and condition of the Sample Contract, the Statement of Work, and this Performance Requirements Summary (PRS) Chart, the terms and conditions of the Sample Contract and the Statement of Work (SOW) shall prevail.

The goal of the Dietary Administrative Support Services Program is to maintain or improve the health and safety standards of the Los Angeles County Elderly Nutrition Program (ENP) Contractors through the Specific Tasks listed in the SOW and this PRS Chart. If CONTRACTOR performance does not meet the Acceptable Quality Level, the COUNTY may apply any or all of the Remedies for Non-Compliance as stated below.

Specific Tasks	Standards	Acceptable Quality Level	Monitoring Tool	Remedies For Non-Compliance
Provide Oversight of AAA ENP (Ref. SOW 10.2.1)	Contractor's Lead Registered Dietitian (RD) shall conduct an annual monitoring of ENP Services. This shall include evaluating customer service and ensuring the ENP Contractor is in compliance with the HACCP safety and sanitation standards outlined in the AAA Food Service Standard Operating Procedures Manual and the requirements of the California Retail Food Code.	100%	Monthly Summary Reports, Year-End Report	If Contractor performance does not meet the Acceptable Quality Level, the COUNTY will have the option to apply the following remedies: 1) Corrective Action Plan, 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Provide Congregate Meals Program (Title III C-1) Nutrition Education Group Sessions (Ref. SOW 10.2.2.3)	Contractor's Registered Dietitian (RD) shall provide a minimum of six (6) Congregate Meal Program Nutrition Education Group Sessions per fiscal year to ENP congregate sites serving meals five (5) times per week and conduct a minimum of four (4) Congregate Meal Program Nutrition Education Group Sessions per fiscal year to ENP congregate meal sites that serve meals less than five (5) times per week.	100%	Monthly Summary Reports, Year-End Report	
Provide Home-Delivered Meals Program (Title III C-2) Nutrition Education (Ref. SOW 10.2.2.4)	Contractor shall distribute Nutrition Education Materials to Elder Nutrition Program Home Delivered Meal Contractor Drivers to ensure that Home-Delivered Meal Senior Clients are given Nutrition Education Materials on a quarterly basis or a minimum of four (4) times per Fiscal Year.	100%	Monthly Summary Reports, Year-End Report	
Nutrition Counseling (Ref. SOW 10.2.3)	Provide Nutrition Counseling services to referred eligible Clients until funding capacity is reached..	100%	Client File	

Specific Tasks	Standards	Acceptable Quality Level	Monitoring Tool	Remedies For Non-Compliance
Provide Congregate Meals Site Monitoring (Ref. SOW 10.2.4)	Contractor congregate meal sites that serve meals five (5) or more days per week and monitor all congregate meal sites serving meals less than five (5) days per week, every three (3) months. Contractor shall submit a summary report of its Congregate Meal Site Monitoring findings to AAA on a monthly basis.	100%	Monthly Summary Reports, Year-End Report	<p>if Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies:</p> <ol style="list-style-type: none"> 1) Corrective Action Plan, 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Provide Home-Delivered Meal Route Monitoring (Ref. SOW 10.2.5)	Contractor's RD or other qualified nutrition professional as identified in the SOW shall monitor all ENP Contractor home-delivered meals routes a minimum of once per fiscal year. Contractor shall submit a monthly summary report of its Home-Delivered Meals Route Monitoring findings to AAA as part of the Monthly Summary Report.	100%	Monthly Summary Reports, Year-End Report	
Provide Caterer and Central Kitchen Monitoring (Ref. SOW 10.2.6)	Contractor's RD shall monitor and evaluate the ENP caterer's kitchen and/or central kitchens a minimum of six (6) times per fiscal year to ensure that HACCP safety and sanitation standards are met and that CONTRACTOR is in compliance with the requirements of the California Retail Food Code. If problems are discovered during the monitoring, CONTRACTOR shall monitor the kitchen a minimum of twelve (12) times per fiscal year. CONTRACTOR shall submit a monthly summary report of its Caterer and Central Kitchen Monitoring findings to AAA.	100%	Monthly Summary Reports, Year-End Report	
Quarterly In-Service Training (Ref. SOW 10.2.7)	Contractor shall Conduct a one-hr In-Service Training session on a quarterly basis or minimum of four (4) times throughout the Fiscal Year for ENP Contractor staff, including volunteers. Further, at least two (2) of the Training topics shall deal with food safety and HACCP principles, such as food borne illness.	100%	Monthly Summary Reports, Year-End Report	
Monthly In-Service Training (Ref. SOW 10.2.8)	Contractor's RD shall develop and provide Monthly In-Service Training Services at all ENP Contractors' Congregate Meal Sites and central kitchens to ENP food service staff, including volunteers.	100%	Monthly Summary Reports, Year-End Report	
Workshops (Ref. SOW 10.2.9)	Contractor shall present a minimum of one annual workshop for all AAA funded ENP Contractors. Workshop shall be a minimum of three (3) hours, but may be longer.	100%	Monthly Summary Reports, Year-End Report	
ServSafe Course (Ref. SOW 10.2.10)	Contractor's RD shall present a ServSafe course each year. Each ServSafe Course shall consist of four (4) sessions at three (3) hours per session.	100%	Monthly Summary Reports, Year-End Report	

HACCP Course (Ref. SOW 10.2.11)	Contractor's RD shall present a HACCP Course each year. Each HACCP Course consists of two (2) to three (3) sessions for a total of twelve (12) hours per course per year.	100%	Monthly Summary Reports, Year-End Report	
Specific Tasks	Standards	Acceptable Quality Level	Monitoring Tool	Remedies For Non-Compliance
Menu Review (Ref. SOW 10.2.12)	Contractor's RD shall conduct an annual review and approval of every ENP Contractor's Cycle Menus. Contractor shall submit Cycle Menus to the AAA Nutritionist with the timeframe established by the AAA Nutritionist.	95%	Monthly Summary Reports, Year-End Report	If Contractor performance does not meet the Acceptable Quality Level, the County will have the option to apply the following remedies:
SNAP-Ed Services (Ref. SOW 10.2.13)	Provide SNAP-Ed Services to 100% of Clients enrolled in SNAP-Ed at eligible SNAP-Ed Congregate Meal Sites	95%	SNAP-Ed Direct Education Activity Sign-In Sheets	1) Corrective Action Plan, 2) Suspension of Payment; 3) Suspension of Contract; 4) Reduce and reallocate funds; and 5) Termination of Contract.
Specific Work Requirements	Standards	Acceptable Quality Level	Data Source	
Reports, Documentation and Direct Data Entry	Follow established record procedures by tracking, documenting, and reporting actual services rendered while meeting deadlines. Provide documentation and a final year-end report in a timely manner, in line with the established timeframe.	100%	MIS	
Specific Performance Reference	Service	Monitoring Method	Deduction/Fees To Be Assessed	
Contract Paragraph 7.0 - Administration of Contract -Contractor	Contractor shall notify the County in writing of any change in name or address of the Project Director	Inspection and Observation	\$50 per occurrence	
Contract: Sub-paragraph 8.38 - Record Retention and Inspection/Audit Settlement	Contractor to maintain all required documents as specified in Sub-paragraph 8.38	Inspection of files	\$50 per occurrence	
Contract: Sub-paragraph 8.40 - Subcontracting	Contractor shall obtain County's written approval prior to subcontracting any work.	Inspection and Observation	\$100 per occurrence; possible termination for default of contract	
SOW; Subsection 4.1 - Meetings	Contractor representative to attend all meetings.	Attendance	\$50 per occurrence	
SOW; Subsection 6.7 - Trainings	Contractor representative to attend all trainings.	Attendance	\$50 per occurrence	

Emergency and Disaster Plan Basic Requirements

A. Emergency and Disaster Plan Mission and Introductory Statement

The mission and introductory statement could be the local Office of Emergency Services (OES) statement, or an expansion of it. The mission and introductory statement should include the following elements:

- How the agency will maintain the continuity of agency services to program recipients during and following disaster and emergency events.
- How the agency will advocate on behalf of older individuals, and their family caregivers within their PSA, to assure that the special needs of older individuals are adequately met, during and following the event.

The agency's mission and introductory statement might also include how the agency will:

- Assist older individuals and their family caregivers, who may have additional needs resulting from a disaster or an emergency event.
- Provide information and assistance to stakeholders on how to be prepared to meet their own needs during and following the event.
- Focus on resuming services as quickly as possible following the event.
- Collaborate with local disaster preparedness partners to coordinate services for older individuals and their family caregivers within their PSA.
- Prepare for a change in both service demands and in the individual needs of clients currently being served by the agency's network.

B. Business Continuity Plan

Develop a Business Continuity Plan (BCP) for your agency to ensure that your mission can be carried out. The BCP should:

- Provide a brief statement describing the plan for service-continuity following a disaster if normal resources are unavailable or demand exceeds capacity.
- List any MOU or vendor agreements that are in place to provide emergency back-up for operations or key resources.
Have a copy of each signed agreement in an appendix to the plan and on a data-storage device, and review and revise the agreements on an annual basis to assure they remain current.
- Include a contingency plan for staff that are absent or unable to complete their assigned duties.
- Include a system to track emergency expenditures, since they may be reimbursable
- Emphasize communications, backup systems for data, emergency service delivery options, community resources, and transportation.

C. Emergency Response Organization Chart

The chart should include the name, title, and contact information of staff involved in disaster and emergency related activities. Outline the relationships and responsibilities for each person responsible for each function:

- Management – who will take charge, delegate responsibilities, and provide overall direction?
- Operations – who will perform the actions required to get people to safety, restore services, and meet needs or help with recovery?
- Planning – who will gather information and communicate assessments about the emergency and related needs?
- Logistics – who will obtain resources that operations may require?
- Finance – who will track expenditures, hours worked, and document events as they occur?

D. Roster of Critical Local Contacts in an Emergency

Include a roster of all contact/agency resources for your Planning and Service Area. The roster should include at least the following:

- Local OES contact information for each county/city within the PSA.
- First responders and law enforcement agencies (Fire, Police, Sheriff).
- Hospitals in the service area.
- American Red Cross and other private relief organizations.
- Community disaster preparedness groups, such as Volunteer Organizations Active in Disasters (VOAD).
- Telephone or communication tree, individuals on the Agency's Disaster Preparedness Organizational Chart, and order of contact priority.
- Media – local news/emergency broadcast radio and television stations.
- Any additional contacts as appropriate for your community (Ministerial Alliance/Council of Churches).
- Citizen-band clubs or HAM radio operators.

Roster of Critical Local Contacts in an Emergency (Sample)

Agency Name: _____ County/City: _____ Roster Date: _____

Agency	Contact Name/Title	Contact Telephone Numbers	Contact Email Address
Example: Local Office of Emergency Services	Joe Cool, Director of Special Needs Populations	Work: Cell: Fax: Home:	jcool@county.gov

E. Communication Plan

The communication plan should include at least the following: first responders, agency staff, service providers, community partners, media, volunteers, clients, local Office of Emergency Services, and the AAA Emergency Coordinator.

Communication Plan (Sample)

(Earthquake scenario used as an example – other scenarios can be substituted)

Who	How	What	When	Where	Why
<i>Who needs to know</i>	<i>How will the message be communicated</i>	<i>What message do you want to convey to them</i>	<i>When do they need to know or what is the date/time for the information</i>	<i>Where are the areas affected, providers affected, geographic area, locations of services</i>	<i>Why do they need this information</i>
Service Providers	Telephone, email, cellular phone	Location of elderly and disabled shelter locations	Dates shelters are expected to be in operation	Address and contact information for shelters	Regular shelters are not available for special needs victims

Site Emergency Resource Survey

Organization Name: _____

Organization Address: _____

Organization Emergency Coordinator Name: _____

Organization Emergency Coordinator Phone Number: _____

After Hours or Cell Phone Number: _____

Organization Emergency Coordinator Email Address: _____

1. Given the need to shelter people (especially older individuals and individuals with disabilities) in the community following a major disaster, could your facility provide temporary shelter space for one or two days?

____ Yes ____ No ____ Maybe (w/training & support)

If different from the address listed above, please attach the address of each facility to this survey.

2. If you answered "Yes," to question number 1, how many people can you accommodate? (Please check your best estimate)

____ 1 to 25 ____ 26 to 50 ____ 51 to 75
____ 76 to 100 ____ 101 or more (please specify: _____)

3. In an emergency or disaster, what resources (or supplemental services) could your organization provide? Check all that apply.

____ Counseling Services	____ Emergency Power/Generator
____ Temporary Housing	____ Emergency First Aid
____ Home/Neighborhood Cleanup	____ Volunteers
____ Site for Food/Water	____ Kitchen/Cooking Facilities
____ Storage Distribution	____ Other (please indicate below):

EXHIBIT 4

4. Following a major emergency or disaster, could your facility assist in transporting older individuals and individuals with disabilities to disaster services?

___ Yes (assuming the resources are not in use)

___ No

If you responded "Yes", what transportation resources does your organization have? Check all that apply.

___ Passenger Sedan(s)

___ Vans (Passenger or Cargo)

___ Trucks (Including Pickups)

___ Vans with Wheelchair Lifts

___ Other (please indicate below):

--

5. Please indicate the support that your organization could provide with language translation, including sign language, at disaster service centers. List languages (other than English):

--

6. Given the community that your organization serves, would you be able to help in assessing the needs of older individuals in that community or neighborhood following an emergency or disaster?

___ Yes

___ No

___ Maybe (depending on resources at the time)

Please indicate the names of the areas, neighborhoods, or communities where you would be able to assess the needs of older individuals?

--

For organizations that provide meal services:

1. Please indicate the type of meal services that your organization provides. Check all that apply.
☐ Congregate Meals ☐ Home-delivered Meals ☐ Emergency Meals
2. Given your resources, could your organization expand meal services following an emergency or disaster to meet the needs in the community?
☐ Yes ☐ No

If yes, provide the following information for each site that will be able to have expanded meal services:

Site Name: _____

Site Address: _____

Site Number: _____

Site Emergency Coordinator Name: _____

Site Emergency Coordinator After Hours or Cell Phone Number: _____

Site Emergency Coordinator E-mail: _____

After completing this survey, please send an electronic copy to Cynthia Ear, Management Fellow, at cear@css.lacounty.gov or mail it to:

Cynthia Ear
3333 Wilshire Blvd., Suite #400
Los Angeles, CA 90012

**It is the responsibility of the AAA Contractor and Title V Host Agency to contact the AAA Emergency Coordinator or designee if there are any changes to the survey. An updated and completed survey must be provided.*

**APPENDIX B
EXHIBIT 5**

County Recognized Holidays

New Year's Day ----- January 1
Martin Luther King Jr.'s Birthday----- The third Monday in January
Presidents' Day ----- The third Monday in February
Memorial Day----- The last Monday in May
Independence Day----- July 4
Labor Day----- The first Monday in September
Columbus Day----- The second Monday in October
Veterans Day----- November 11
Thanksgiving Day----- The fourth Thursday in November
Friday after Thanksgiving----- The fourth Friday in November
Christmas----- December 25

*If January 1st, July 4th, November 11th, December 25th falls upon a Saturday, the preceding Friday is a holiday.

*If January 1st, July 4th, November 11th or December 25th falls upon a Sunday, the following Monday is a holiday.

(Ord. 96-0003 § 2, 1996.)

Contractor: _____

Fiscal Year: _____



UNIVERSAL INTAKE FORM


Funding Identifier:
Title III B ☐ **Title C1** ☐ **Title C2** ☐ **Title III D** ☐ **Title III E** ☐ **Title III E(G)** ☐ **Linkages** ☐

CLIENT DEMOGRAPHICS	1	Applicant Last Name		First Name		Middle Initial	Client ID #	
	Home Address (Number/Street)				City		State	Zip Code
	Home Phone			Work Phone			Cell Phone	
	Date of Birth (D.O.B.)		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State			Transgender <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mailing Address (If different than home address)			City		State	Zip Code	
	Email Address							
	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran #			
	Client Race <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State							
	Client Ethnicity <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State							
	Relationship Status <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State							
	Type of Residence <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residential Care Home <input type="checkbox"/> Room and Board <input type="checkbox"/> Homeless <input type="checkbox"/> Other					Does the individual (Optional) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		
	Living Arrangement <input type="checkbox"/> Lives alone without help <input type="checkbox"/> Lives with others without help <input type="checkbox"/> Lives alone with help 4 hrs/day or less <input type="checkbox"/> Lives with others with help <input type="checkbox"/> Declined to State					Rural Designation <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Declined to State		Unincorporated City <input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Language Spoken <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other							
	Translation needed <input type="checkbox"/> Yes <input type="checkbox"/> No							

Los Angeles County Area Agency on Aging

Contractor: _____ Client Name: _____ Fiscal Year: _____

EMERGENCY CONTACT	2	Contact Last Name		First Name		Middle Initial		
	Address (Number/Street)			City		State		Zip Code
	Home Phone		Work Phone		Cell Phone		Relationship	
	Contact Name (Last, First, Middle Initial) – Optional							
	Address (Number/Street)			City		State		Zip Code
	Home Phone		Work Phone		Cell Phone		Relationship	
	Physician's Name					Office Phone		
	Physician's Address			City		State		Zip Code
FINANCIAL/BENEFITS	3	Are you currently receiving Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		What benefit(s) are you receiving?		Social Security # (Optional)		
	Do you currently receive SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you participate in CalFresh (Food Stamps, SNAP, EBT)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Health Insurer's Name		Policy Number: (Optional)		
	Do you receive Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No			Medi-Cal # (Optional) Issue date:		Do you receive Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you receive In-Home Supportive Services (IHSS)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Is your personal income at or below Federal Poverty Level? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State							
	Employment Status (Check One) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Declined to State							
	REFERRAL INFORMATION	4	Referral Source			Referral Source relationship to client		
Last Name			First Name		Phone			
Address			City		State		Zip Code	
Interview Mode <input type="checkbox"/> Face-to-Face (Appointment) <input type="checkbox"/> Telephone <input type="checkbox"/> Drop-In <input type="checkbox"/> In-Home								
Presenting Problems/Services Requested/Comments/Follow-up:								

Los Angeles County Area Agency on Aging

Contractor: _____ Client Name: _____ Fiscal Year: _____

NUTRITIONAL RISK FACTORS	5	NUTRITIONAL RISK <i>(Add the numbers from each checked box to determine Nutrition Risk Score)</i>					
	I have an illness or condition that made me change the kind and/or amount of food I eat.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I eat fewer than 2 meals per day.				3 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I eat few fruits or vegetables or milk products.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I have 3 or more drinks of beer, liquor or wine almost every day.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I have tooth or mouth problems that make it hard for me to eat.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I don't always have enough money to buy the food I need.				4 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I eat alone most of the time.				1 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I take 3 or more different prescribed or over-the-counter drugs a day.				1 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	Without wanting to, I have lost or gained 10 pounds in the last 6 months.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	I am not always physically able to shop, cook and/or feed myself.				2 <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined to State
	Total Nutritional Risk Score					(If total is 6 or more, participant is at High Nutritional Risk)	

ADL / IADL RISK FACTORS	6	ACTIVITIES OF DAILY LIVING (ADL)/INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) Excluding Title III E Caregiver Program					
	Activities of Daily Living (ADL)						
		Independent	Verbal Assistance	Some Human Help	Lots of Human Help	Dependent	Declined to State
	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Instrumental Activities of Daily Living (IADL)						
		Independent	Verbal Assistance	Some Human Help	Lots of Human Help	Dependent	Declined to State
	Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Med. Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Money Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hvy. Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lt. Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DISABILITY FACTORS	<input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech Impaired		Recent Hospital Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physically Impaired <input type="checkbox"/> Walking Aid <input type="checkbox"/> Wheelchair		Date of Discharge
	<input type="checkbox"/> Bedbound <input type="checkbox"/> Memory Impaired <input type="checkbox"/> Depression		Date To Stop Service
	<input type="checkbox"/> Cognitively Impaired <input type="checkbox"/> Declined to State <input type="checkbox"/> None		Hospital
	Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been diagnosed with Alzheimer's or a related neurological disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Los Angeles County Area Agency on Aging

Contractor: _____ Client Name: _____ Fiscal Year: _____

TITLE III E CARE RECEIVER DEMOGRAPHICS	7	TITLE III E CARE RECEIVER DEMOGRAPHICS <i>Please make additional copies of Section 7 & 8 if more than one Care Receiver</i>				
	Caregiver Relationship:		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Son/Son-in-Law <input type="checkbox"/> Daughter/Daughter-in-Law <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Declined to State			
	Care Receiver Last Name		First Name		Middle Initial	Care Receiver Participant ID #
	Address (Number & Street)			City	State	Zip Code
	Home Phone		Work Phone	Cell Phone	Emergency Contact Phone	
	Date of Birth (D.O.B.)		Age	Gender		Transgender
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Veteran			Spouse of Veteran		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Race					
	<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State					
	Ethnicity					
	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State					
	Relationship Status					
	<input type="checkbox"/> Single (<i>Never Married</i>) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State					
Type of Residence				Does the individual (<i>Optional</i>)		
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residential Care Home <input type="checkbox"/> Room and Board <input type="checkbox"/> Homeless <input type="checkbox"/> Other				<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		
Living Arrangement				Rural Designation	Unincorporated City	
<input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Declined to State				<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Declined to State	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Status (<i>Check One</i>)				Receive In-Home Supportive Services (<i>IHSS</i>)?		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Declined to State				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Care Receiver's personal income at or below Federal Poverty Level? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Receive Medi-Cal (<i>Optional</i>)		Receive Medicare (<i>Optional</i>)		Social Security # (<i>Optional</i>)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Los Angeles County Area Agency on Aging

Contractor: _____ Client Name: _____ Fiscal Year: _____

TITLE III E CARE RECEIVER ADL / IADL RISK FACTORS	8	TITLE III E CARE RECEIVER ACTIVITIES OF DAILY LIVING (ADL) / INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) <i>(Grandchildren exempt)</i>					
	Activities of Daily Living (ADL)						
		Independent	Verbal Assistance	Some Human Help	Lots of Human Help	Dependent	Declined to State
	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Instrumental Activities of Daily Living (IADL)						
	Independent	Verbal Assistance	Some Human Help	Lots of Human Help	Dependent	Declined to State	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Med. Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Money Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hvy. Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lt. Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISABILITY FACTORS	<input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Walking Aid <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedbound <input type="checkbox"/> Memory Impaired <input type="checkbox"/> Depression <input type="checkbox"/> Cognitively Impaired <input type="checkbox"/> Declined to State <input type="checkbox"/> None						
	Diabetic	Has Care Receiver been diagnosed with Alzheimer's or a related neurological disorder?					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Los Angeles County Area Agency on Aging

Contractor: _____ Client Name: _____ Fiscal Year: _____

[illegible]

EXHIBIT 7

LOS ANGELES COUNTY SNAP ED 2014-15 QUALIFIED SITES

AGENCY	SITE	STREET ADDRESS	CITY	ZIP
AZUSA, CITY OF	Azusa Senior Center	740 N. Dalton Avenue	Azusa	91702
BURBANK, CITY OF	Joslyn Adult Center	1301 W. Olive Avenue	Burbank	91506
BURBANK, CITY OF	Tuttle Senior Center	1731 North Ontario	Burbank	91505
CULVER CITY, CITY OF	Culver City Senior Center	4095 Overland Ave	Culver City	90232
EL MONTE, CITY OF	Jack Crippen Multipurpose Senior Center	3120 N. Tyler Avenue	El Monte,	91731
GARDENA, CITY OF	Nakaoka Community Center	1670 W. 162nd Street,	Gardena,	90247
GARDENA, CITY OF	Lawndale Senior Center	14701 Burin Ave	Lawndale,	90260
GARDENA, CITY OF	Rowely Park	13220 S. Van Ness Ave	Gardena,	90249
GARDENA, CITY OF	Senior Day Care Center	14517 Crenshaw Blvd	Gardena,	90249
GLENDALE, CITY OF	Adult Recreation Center	201 E. Colorado St	Glendale,	91205
GLENDALE, CITY OF	Pacific Park Community Center	501 South Pacific Ave	Glendale,	91205
HUMAN SERVICES ASSOCIATION	Long Beach Senior Center	1150 E. 4th St.	Long Beach,	90802
HUMAN SERVICES ASSOCIATION	Roosevelt Park	7600 Graham Avenue,	Los Angeles	90001
HUMAN SERVICES ASSOCIATION	Bell Gardens Senior Center	6722 Clara St.	Bell Gardens,	90201
HUMAN SERVICES ASSOCIATION	Bellflower Senior Center	16614 S. Clark Ave	Bellflower,	90706
HUMAN SERVICES ASSOCIATION	California Recreation Community Center/Cambodian Senior Center	1550 Martin Luther King Blvd	Long Beach,	90813
HUMAN SERVICES ASSOCIATION	Commerce Senior Center	2555 Commerce Way	Commerce,	90040
HUMAN SERVICES ASSOCIATION	Hawaiian Gardens Senior Center	21815 Pioneer Blvd	Hawaiian Gardens,	90716
HUMAN SERVICES ASSOCIATION	Human Services Association ADCRC	6800 Florence Ave	Bell Gardens,	90201
INGLEWOOD, CITY OF	Hawthorne Senior Center	3901 El Segundo Blvd	Hawthorne,	90250
INGLEWOOD, CITY OF	Inglewood Senior Center	330 Centinela Ave	Inglewood,	90302
INGLEWOOD, CITY OF	Lennox Park Senior Center	10828 Condon Ave	Lennox,	90304
POMONA, CITY OF	Emerson Village	755 N. Palomares,	Pomona,	91767
POMONA, CITY OF	Palomares Park Senior Center	499 E. Arrow Hwy,		91767
POMONA, CITY OF	Washington Park Community Center	865 E. Grand Ave,	Pomona,	91766
SAN FERNANDO, CITY OF	Las Palmas Park	505 S. Huntington St,	San Fernando,	91340
SAN GABRIEL VALLEY YWCA	Baldwin Park Community/Senior Center	4100 Baldwin Park Blvd,	Baldwin Park,	91706

EXHIBIT 7

LOS ANGELES COUNTY SNAP ED 2014-15 QUALIFIED SITES

AGENCY	SITE	STREET ADDRESS	CITY	ZIP
SAN GABRIEL VALLEY YWCA	San Dimas Senior Center	201 E. Bonita Avenue	San Dimas,	91773
SAN GABRIEL VALLEY YWCA	Antelope Valley Senior Center/ Lancaster	777 W Jackman Street,	Lancaster	93534
SAN GABRIEL VALLEY YWCA	East Los Angeles Service Center	133 N. Sunol Drive	LA,	90063
SAN GABRIEL VALLEY YWCA	Bassett Park Senior Center	510 N. Vineland Ave.	La Puente,	91744
SAN GABRIEL VALLEY YWCA	Alhambra Joslyn Adult Center	210 N. Chapel Ave.	Alhambra,	91801
SAN GABRIEL VALLEY YWCA	Altadena Senior Center	560 E. Mariposa Street,	Altadena,	91001
SAN GABRIEL VALLEY YWCA	Covina Joslyn Senior Center	815 N. Barranca Avenue,	Covina,	91723
SAN GABRIEL VALLEY YWCA	Duarte Senior Center	1610 Huntington Drive,	Duarte,	91010
SAN GABRIEL VALLEY YWCA	Eastmont Community Center	701 S. Hoefner Ave	LA,	90022
SAN GABRIEL VALLEY YWCA	Fairmont Senior Housing	822 N. Hazard Avenue	LA,	90063
SAN GABRIEL VALLEY YWCA	Glendora La Fetra Center For Seniors	333 E. Foothill Boulevard	Glendora,	91740
SAN GABRIEL VALLEY YWCA	Jackie Robinson Center	1020 N. Fair Oaks Avenue	Pasadena,	91103
SAN GABRIEL VALLEY YWCA	La Puente Senior Center	16001 E. Main Street	LA Puente,	91744
SAN GABRIEL VALLEY YWCA	La Verne Community/Senior Center	3680 "D" Street	La Verne,	91750
SAN GABRIEL VALLEY YWCA	Montebello Senior Center	115 S. Taylor Avenue	Montebello,	90640
SAN GABRIEL VALLEY YWCA	Monterey Park Langley Center	400 W. Emerson Avenue	Monterey Park,	91754
SAN GABRIEL VALLEY YWCA	Nueva Maravilla Senior Cafe	4848 Colonia De Las Rosas	LA,	90022
SAN GABRIEL VALLEY YWCA	Palmdale Legacy Commons Active Seniors	930 E. Avenue Q-9,	Palmdale	93550
SAN GABRIEL VALLEY YWCA	Pasadena Christian Church	789 N. Altadena Drive	Pasadena,	91107
SAN GABRIEL VALLEY YWCA	Pasadena Senior Center	85 E. Holy Street	Pasadena,	91103
SAN GABRIEL VALLEY YWCA	Potrero Heights Park Community & Senior Center	8051 Arroyo Drive	Montebello,	90640
SAN GABRIEL VALLEY YWCA	Roybal Clinic Senior Cafe	245 S. Fetterly Avenue	LA,	90022
SAN GABRIEL VALLEY YWCA	Salazar Park Senior Center	3864 E. Whittier Blvd	LA,	90023

EXHIBIT 7

LOS ANGELES COUNTY SNAP ED 2014-15 QUALIFIED SITES

AGENCY	SITE	STREET ADDRESS	CITY	ZIP
SAN GABRIEL VALLEY YWCA	San Gabriel Senior Center	324 S. Mission Drive	San Gabriel,	91776
SAN GABRIEL VALLEY YWCA	Sierra Madre Senior Center	222 W. Sierra Madre Blvd	Sierra Madre,	91024
SAN GABRIEL VALLEY YWCA	Steinmetz Park Senior Center	1545 S. Stimson Avenue	Hacienda Heights,	91745
SAN GABRIEL VALLEY YWCA	Temple City-Live Oak Park Community Center	10144 Bogue Street	Temple City,	91780
SAN GABRIEL VALLEY YWCA	Valleydale Park Senior Neighborhood Center	5525 N. Lark Ellen Avenue	Azusa,	91702
SAN GABRIEL VALLEY YWCA	Walnut Senior Center	21215 La Puente Rd	Walnut,	91789
SAN GABRIEL VALLEY YWCA	YWCA Greater Los Angeles Empowerment Center	4315 Union Pacific Ave	LA,	90023
SANTA CLARITA VALLEY COMMITTEE ON AGING	Bouquet Canyon Seniors Apartments	26705 Bouquet Canyon Rd	Saugus	91350
SANTA CLARITA VALLEY COMMITTEE ON AGING	Santa Clarita Senior Center	22900 Market Street	Santa Clarita,	91321
SOUTH EL MONTE, CITY OF	South El Monte Senior Center	1556 Central Avenue,	South El Monte,	91733
SOUTHEAST AREA SOCIAL SERVICES	Whittier Senior Center	13225 Walnut Street,	Whittier,	90602
SOUTHEAST AREA SOCIAL SERVICES	Adventure Park	10130 Gunn Ave.,	Whittier,	90605
SOUTHEAST AREA SOCIAL SERVICES	La Mirada Activity Center	13810 La Mirada Blvd,	La Mirada,	90638
SOUTHEAST AREA SOCIAL SERVICES	Los Nietos Neighborhood Center	11640 E. Slauson Avenue,	Whittier,	90606
SOUTHEAST AREA SOCIAL SERVICES	Mayberry Park	13201 E. Meyer Road,	Whittier,	90605
SOUTHEAST AREA SOCIAL SERVICES	Pico Rivera Senior Center	9200 Mines Avenue	Pico Rivera,	90650
SOUTHEAST AREA SOCIAL SERVICES	Santa Fe Springs Neighborhood Center	9255 S. Pioneer Blvd,	Santa Fe Springs,	90670
STEELWORKERS OLDTIMERS FOUNDATION, INC	Florence Firestone Senior Center	7807 S. Compton Ave	LA,	90001
STEELWORKERS OLDTIMERS FOUNDATION, INC	Bell Senior Center/Phillip Murray Place	4324 Florence Ave	Bell,	90201
STEELWORKERS OLDTIMERS FOUNDATION, INC	Compton Neighborhood Center	600 N. Alameda	Compton,	90221

EXHIBIT 7

LOS ANGELES COUNTY SNAP ED 2014-15 QUALIFIED SITES

AGENCY	SITE	STREET ADDRESS	CITY	ZIP
STEELWORKERS OLDTIMERS FOUNDATION, INC	Cudahy Senior Center	4835 Clara St.	Cudahy,	90201
STEELWORKERS OLDTIMERS FOUNDATION, INC	Dollarhide Neighborhood Center	1108 N. Oleander Ave,	Compton,	90220
STEELWORKERS OLDTIMERS FOUNDATION, INC	East Rancho Dominguez Service Center	4513 E. Compton Blvd,	Compton,	90221
STEELWORKERS OLDTIMERS FOUNDATION, INC	Huntington Park Family Center	3355 E. Gage Avenue,	Huntington Park,	90255
STEELWORKERS OLDTIMERS FOUNDATION, INC	St. Timothy's Manor	425 S. Oleander Ave,	Compton,	90220
TORRANCE SO. BAY AREA YMCA	Torrance So. Bay YMCA	2900 W. Sepulveda Blvd,	Torrance,	90505
TORRANCE SO. BAY AREA YMCA	Carson Community Center	801 E. Carson Street,	Carson,	90745
TORRANCE SO. BAY AREA YMCA	Perry Park Senior Center	2308 Rockefeller Ln,	Redondo Beach,	90278
TORRANCE SO. BAY AREA YMCA	Veteran's Park Senior Center	301 Esplanade,	Redondo Beach,	90277
WEST COVINA, CITY OF	West Covina Senior Center	2501 E. Cortez,	West Covina,	91791

SNAP-Ed Census Tract Site Eligibility Form

EXHIBIT 8

For instructions to complete this form refer to the SNAP-Ed Census Tract Site Eligibility Form.
Complete this form using the Network for a Healthy California – [GIS Map Viewer 2.0](#).

<i>Type*</i>	<i>Site Name</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>Census Tract</i>	<i>Ethnicity*</i> *	<i>100 % FPL</i>	<i>185 % FPL</i>	<i>Notes</i>
Example: Elderly Service Center	Happy Café	123 Main Street	Sacramento	55555	06001422600	AR	N/A	33%	
							%	%	
							%	%	
							%	%	
							%	%	
							%	%	
							%	%	
							%	%	
							%	%	

*Refer to list from Delivery Sites by Type of Setting section.

**All Races-AR, American Indian or Alaska Native-AI, Asian-AS, Black/African American-B, Native Hawaiian or Other Pacific Islander-NH, Hispanic/Latino-H, White-W, Other Races-OR.



Los Angeles County Area Agency On Aging Annual Nutrition Assessment

Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6



Title 22 Section Reference	PROVIDER:				
	Address:		DATE:		
	Project Staff Interviewed:		EVALUATED BY:		
	Exit Interview with:				
Program Observation					
Menu of the Day		C-2	C-1	Comments/Recommendations	
		Pack Temp	Serve Temp		
7636.1 7638.5	Entrée				
	Vegetable				
	Salad				
	Bread				
	Dessert				
	Milk				
	Other Vegetarian Option:				
	Number of Meals Served This Date				
	Service began at Ended:				
	Menus comply with DRI Standards				
		Yes	No	Comments/Recommendations	
7636.1	Food Prep	Temperatures documented; arrival, final cooking temps, serving			
		Methods conserve nutritive value, flavor, appearance/follow menu			
		Standardized recipes used			
		Appropriate method to determine temperatures			
		Appropriate thawing procedures followed			
		Appropriate heat maintenance used			
		Holding time between cooking and serving < 2 hours			
		Yes	No	Comments/Recommendations	
7636.1 7638.5	Food Service	Orderly, efficient, on time, minimum 1/2 hour service			
		Portions adequate, equal in size			
		Shortage and leftovers controlled			
		Eating utensils appropriately handled when removing from dishwasher			
		Eating utensils appropriately handled when setting tables			
		Water readily available to participants			



Los Angeles County Area Agency On Aging Annual Nutrition Assessment



Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6

Program Observation					
			Yes	No	Comments/Recommendations
7636.1 7638.1	Kitchen & Serving Areas	Work surfaces clean and organized			
		Neat, clean floors, walls, ceilings, ventilation			
		Equipment clean, in working order			
		Windows and doors screened			
		Hand-washing facilities provided, soap, paper towels, hot water			
		Dishwashing according to policies and procedures			
		Tables and chairs clean and in good repair			
		Disposables are discarded after single service			
			Yes	No	Comments/Recommendations
7636.1	Food Storage Areas	Food, cleaning supplies, personal items, separated			
		Free from insects/rodents			
		Food items stored 6 inches off floor and away from wall, 18 inches from ceiling			
		All items clearly labeled and dated			
		Frozen and emergency food dated and labled			
		Food inspected upon receipt for quality and safety, stored promptly			
		Potentially hazardous foods stored properly in refrigerator or freezer			
		FIFO policy is evidenced			
		Food stored with heavier items at lower level			
		Program returns products which were damaged upon receipt			
		Dishes and eating utensils are properly stored			
					Yes
7636.1 7636.3	Observtion of Food Service Staff	Appropriate food handling observed			
		Appropriate clean attire, hairnets, caps, aprons			
		Personal hygiene: clean, neat, absent of infections			
		Demonstration of proper hand washing			
		Street clothes stored away from food			
		Refrain from eating, drinking, and smoking in the kitchen			
		Serving procedures followed, appropriate use of disposable gloves, correct utensils			
		Adequate staff available			
Program Observation					



Los Angeles County Area Agency On Aging Annual Nutrition Assessment



Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6

			Yes	No	Comments/Recommendations
7636.1 7638.1	General Areas	Floors clean, free of clutter			
		Restrooms separate from food areas; hot water, towels, and soap available			
		Trash cans clean, adequate, covered when not in use			
		Fire Extinguisher DATE:			
		Outside trash storage sanitary			
			Yes	No	Comments/Recommendations
7636.1 7638.5 7638.9	Notices Posted	MSDS file available to food service staff			
		Health Inspection DATE:			
		No Smoking (dining room and kitchen, or outside)			
		Hand Washing (restroom and kitchen)			
		Suggested donation and guest fee posted			
		Cleaning schedule			
		Menu (dining room and kitchen)			
			Yes	No	Comments/Recommendations
7636.1	Bulk Food Transport	Equipment clean, adequate, appropriate			
		Thermometer available/utilized			
		Temperature logs maintained prior to transport and upon delivery			
		Delivered less than 2 hours prior to service			
			Yes	No	Comments/Recommendations
7636.1 7636.3	Home-Delivered Meals Observation	Project vehicles used			
		Clean transport vehicles			
		Client's acceptance of service			
		Number of routes:			
		Participants per route:			
		Total time involved in delivery			
		Delivery departure on time			
		Approved carriers used; clean, good condition			
		Drivers are employees			
		Temperatures taken on packing			
		Packaged food attractive			

Administrative Review



Los Angeles County Area Agency On Aging Annual Nutrition Assessment



Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6

			Yes	No	Comments/Recommendations			
7636.1 7636.3 7636.5 7638.5	Personnel Management	Project receives services of a Registered Dietitian (RD)?						
		RD involved in planning, including budget, staffing, job descriptions, type of food service?						
		RD approves all menus and forwards to County AAA?						
		RD approves all nutrition related in-service sessions?						
		Written training plan implemented?						
		Personnel trained to make menu substitutions?						
		Food Service training documented - list classes?						
		Food Safety Manager certificate up to date?						
		All staff received annual in-service on sanitation?						
		Training Attendance Records on file?						
		Food Service training staff evaluations are on file?						
		Personnel trained on MSDS?						
			Yes	No	Comments/Recommendations			
7638.1 7638.9	Site Management	Contractor has a comprehensive Policy & Procedures Manual?						
		Quality Assurance Committee organized?						
		Client Meal Surveys are completed for C-1 and C-2?						
		Contributions are collected confidentially?						
		Clients are aware of the importance of their donations?						
		Signage with suggested donation and guest fee posted at site?						
		Clients are informed that they will not be denied a meal because of failure or inability to make a donation?						
		Contributions are protected (written Policies & Procedures required)?						
		Client donations & guest fees are deposited in separate receptacles.?						
		Current donation suggested for Congregate Meal?						
		Guest Fee amount)						
		Does not deny a meal to Client who has failed to make a reservation when food is available?						
		Site manager on-site during time that ENP activities are taking place?						

Administrative Review				
	Yes	No	Comments/Recommendations	



Los Angeles County Area Agency On Aging Annual Nutrition Assessment



Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6

7636.1 7638.7 7638.9	Home-Delivered Meals Management	Clients are informed that they will not be denied a meal because of failure or inability to make a donation?			
		Current donation suggested for Home-Delivered Meal?			
		Clients are aware of the importance of their donations?			
		Routes checked by HDM Coordinator twice per year?			
		Temperatures taken on each Route twice per month?			
		Procedures if inappropriate temperatures are found?			
			Yes	No	Comments/Recommendations
7638.1	Physical Site	Appropriate for Older Individuals?			
			Yes	No	Comments/Recommendations
7636.1 7636.7 7638.7 7638.9	Congregate Clients	New Clients are oriented to meal times, rules, reservations, and conduct?			
		Celebration of special occasions?			
		Meals available on non-County recognized holidays (i.e., vacations, city shut-downs or religious holidays)			
			Yes	No	Comments/Recommendations
7636.1 7636.7	Food Purchasing & Management	Meets USDA & FDA standards?			
		Purchases correspond to meals?			
		Written record of purchases maintained?			
		Donated foods appropriate?			
		Monthly physical inventory completed?			
		Protections against loss, pilferage, and spoilage?			
			Yes	No	Comments/Recommendations
7638.11	Nutrition Education	Provided a minimum of six (6) times per year at Congregate Meal Site?			
		Provided four times per year for Home-Delivered Meal Clients			
		Nutrition Education geared to needs of Clients			
		Clients' nutrition questions are referred to RD?			

Records Review



Los Angeles County Area Agency On Aging Annual Nutrition Assessment



Based on Title 22, Code of Regulations (CCR), Division 1.8, California Department of Aging, Article 6

			Yes	No	Comments/Recommendations
7636.1 7638.5	Required Records to be Reviewed	Refrigerator and freezer temperature records			
		Food preparation temperature records			
		Serving temperature records			
		Dishwasher temperature records			
		Past 12 months of Menus and Substitutions			
		Home-Delivered Meal Route temperature records			
		MSDS file			
		RD reports			
		Fire Safety Inspection Report DATE:			

Follow-up from Last Assessment		TIMELINES
1		
2		
3		
Achievements of the Past Year		TIMELINES
1		
2		
3		
Program Goals for Remainder of FY and Next Year:		TIMELINES
1		
2		
3		
Summary of Findings and Timeline:		TIMELINES

EXHIBIT 10

Indirect Activity Tracking Sheet
PSA #/AAA Name:

Number	Date	Site Name	# of Participants Options	Type of Activity	Types of Materials Distributed	Details: Venue, Event, Topics, etc.	Source Data Code <small>*Complete only for communications and events</small>
Indirect Education							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total:			0				

Types of Indirect Materials Distributed
Fact sheets/ pamphlets/newsletters
Posters
Calendars
Promotional Materials with nutrition messages (pens/pencils/wallet reference cards/magnets/cups/etc)
Website
Electronic (Email) materials/info distribution
Videos/CD Rom
Other

Types of Communication or Events
Nutrition Education Radio PSAs
Nutrition Education TV PSAs
Nutrition Education Articles
Billboard, Bus or Van Wraps, or Other Signage
Community Events/Fairs -- in Which Participated
Community Events/Fairs – Only Sponsored
Other

Source Data Codes:

Type	Source Data Code
Commercial market data on audience size	1
Survey of target audience	2
Visual estimate	3
Other	4

Participant Code (or Passport Code) PLEASE PRINT Completing this form indicates you meet the age eligibility requirement (over 60 years of age).	1. CalFresh Eligible?		2. Gender		3. Have you taken any other SNAP-Ed classes since October 1, 2015?		4. Demo-graphic Info (see * below)	Session #1 Date:	Session #2 Date:	Session #3 Date:	Session #4 Date:	OFFICE USE ONLY: 5. Type of Written Material Provided at SNAP-Ed Class
	Yes	No	M	F	Yes	No		Please initial	Please initial	Please initial	Please initial	
1												
2												
3												
4												
5												
6												
7												
8												
9												

Demographic Info: *Choose ONE group that describes you best; if two groups describe you, indicate both:

1--White, NOT Hispanic/Latino

2--White AND Hispanic/Latino

3--Hispanic/Latino

4--African American, NOT Hispanic/Latino

5--African American AND Hispanic/Latino

6--Native American, NOT Hispanic/Latino

7--Native American AND Hispanic/Latino

8--Asian and Hispanic/Latino

9--Asian, not Hispanic/Latino

10--Hawaiian Native/Pacific Islander, NOT Hispanic/Latino

11--Hawaiian Native/Pacific Islander AND Hispanic/Latino

12--More than one race, not Hispanic/Latino

13--More than one race and Hispanic/Latino

5. CODES FOR TYPE OF WRITTEN MATERIAL: **A**--Fact sheets/pamphlets/newsletters; **B**--Posters; **C**--Calendars; **D**--Promotional materials with nutrition messages; **E**--Website; **F**--Electronic (email) materials/info distribution; **G**--Videos/CD Rom; **H**--Other (write in)

California Department of Aging Approved Evidence Based Programs: Older Adult Approved SNAP-Ed Nutrition Education Obesity Prevention Interventions

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
Arthritis Foundation Exercise Program	Certified Instructor Take Control with Exercise DVD	Arthritis Foundation http://www.arthritis.org/re-sources/community-programs/exercise/	The Arthritis Foundation Exercise Program is a low-impact physical activity program proven to reduce pain and decrease stiffness. The routines include gentle range-of-motion exercises that are suitable for every fitness level.	English	Older Adults	\$29.00 for DVD
Bingocize™	Program guide	Bingocize™ http://www.bingocize.com/wp/ Jason Crandall Ph.D. Assistant Professor of Kinesiology & Health Promotion Kentucky Wesleyan College Owensboro, Kentucky 42301 270-929-0479 jason.crandall@wku.edu Jason Crandall Ph.D. 2122 Mayfair Drive Owensboro, Ky. 42301	Bingocize™ consists of two 60 minute sessions per week. Each session begins with the participants sitting at tables with bingo cards and exercise equipment (balance pads and resistance bands). After every two exercises, a bingo letter and number combination is announced for the game. The pattern is continued until a participant wins the game. The programs goals are to improve mobility, balance, and ADL's in older adult populations.	English	Older Adults	\$300 manual. On-site training or phone support available

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
DASH Health Education Kit	Toolkit primarily handouts.	DASH Health Education http://www.nationaldairyCouncil.org/EducationMaterials/HealthProfessionalsEducationKits/Pages/DASH.aspx	Contains important information on the role of dairy and dairy nutrients in promoting the benefits of the Dietary Approaches to Stop Hypertension (DASH) eating plan, which may reduce high blood pressure and other cardiovascular risk factors. Contains supplemental resources that may provide ideas for a series of classes.	English	Adults	Free to download
Eat Smart, Live Strong: Nutrition Education for Older Adults	SNAP-Ed Connection, USDA	Eat Smart, Live Strong http://snap.nal.usda.gov/resource-library/eat-smart-live-strong-nutrition-education-older-adults/eat-smart-live-strong	A comprehensive educational resource guide designed to help teach clients to select and enjoy nutrient-rich foods first. A tool kit that contains a leader's guide and four sessions to promote increasing fruit and vegetable consumption and physical activity to at least 30 minutes most days of the week.	English	Older Adults	Free to download
Enhance® Fitness	Community exercise program	Enhance http://projectenhance.org/EnhanceFitness.aspx	Enhance® Fitness, a low-cost, evidence-based group exercise program, helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives.	English	Older Adults	Certified instructor, \$500 site license

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
Fit and Strong	Community exercise program – participant manuals and music	<p>Fit and Strong http://www.fitandstrong.org/</p> <p>Fit and Strong! Team University of Illinois at Chicago Institute for Health Research and Policy Center for Research on Health and Aging, M/C 275 1747 W. Roosevelt Rd., Rm. 558 Chicago, IL 60608 312-413-9810</p>	Fit & Strong is a multi-component, evidence-based physical activity program for older adults. This eight-week program targets older adults with osteoarthritis and has demonstrated significant functional and physical activity improvements in this population.	English	Older Adults	<p>License: \$2,000 for multiple sites, \$1,000 for one site.</p> <p>One-time equipment costs:</p> <p>Ankle Weights- \$22 each</p> <p>Exercise bands- \$5 each</p> <p>Manuals- \$30 each</p> <p>Mats- \$40 each</p> <p>Certified exercise instructor liability Insurance- \$160/year</p>

EXHIBIT 12

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
Food Gardening Guide	Community garden	National Gardening Association http://www.garden.org/foodguide/browse	Website with information for developing and maintaining gardens. Supplemental resource may provide ideas for a series of classes.	English	Adults	Plants, seeds, and tools
Matter of Balance	Program guide	National Council on Aging http://www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html	Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. 8 weekly or twice weekly sessions, 2 hours per session, with 8-12 participants. Structured groups intervention activities, include group discussion, problem solving skill building, assertiveness training, videos, sharing practical solutions and exercise training.	English	Older Adults	Instructor Training: \$1,500 Post training: Coaches Handbook- \$20 Participant handbook- \$13 DVD (Fear of Falling and Exercise: It's Never too Late): \$164.76
Three Simple Steps to Eating More Fruits and Vegetables	Handout	Centers for Disease Control http://www.fruitsandveggiesmorematters.org/wp-content/uploads/UserFiles/File/pdf/resources/cdc/ThreeSimpleSteps_Brochure.pdf	Handout provides steps to increase the amount of fruits and vegetables in the diet as well as picture examples of an appropriate serving size.	English	Age 2 and above	Free to download

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
Staying Healthy Through Education and Prevention (STEP)	Program guide, lesson plans, tools, other resources	Agency for Healthcare Research and Quality http://www.ahrq.gov/professionals/education/curriculum-tools/stepmanual/index.html	Evidence-based program that focuses on exercise program focusing on walking and strength training for older adults. Supplemental resource that may provide ideas for a series of classes.	English	Older Adults	Free to Download
Tai Chi: Moving for Better Balance	Community exercise class	National Council on Aging http://www.ncoa.org/improve-health/center-for-healthy-aging/tai-chi-moving-for-better.html Dr. Fuzhong Li, Oregon Research Institute fuzhong.li@orst.edu State Contact: Rachel Zerbo, MPH California Department of Public Health Rachel.zerbo@cdph.ca.gov 916-552-9854	The program includes 24 Tai Chi forms that emphasize weight shifting, postural alignment, and coordinated movements. Synchronized breathing aligned with Tai Chi movements is also integrated into the movement routine. Each session includes instructions in new movements as well as review of movements from previous sessions. Each practice session incorporates musical accompaniment.	English	Older Adults	Two day training \$300 fee plus travel costs. No equipment required.
Young at Heart, Tips for Older Adults	Handouts	Weight-control Information Network (WIN) (NIDDK) http://win.niddk.nih.gov/publications/young_heart.htm WIN toll-free at 1-877-946-4627	Contains information on healthy eating and physical activity across the lifespan. Find tips for planning meals, getting active and read about healthy weight. Supplemental resources that may provide ideas for a series of classes.	English and Spanish	Older Adults	Free to download

Program Title	Program Materials	Program Information	Description	Language	Audience Specific	Costs
Walk with Ease	Community exercise, guidebook	<p>Arthritis Foundation http://www.arthritis.org/resources/community-programs/exercise/</p> <p>State Contact: Jacqueline Tompkins, California Department of Public Health Jaqueline.timpkins@cdph.ca.gov 916-552-9993</p>	The Arthritis Foundation Walk with Ease Program is a community-based physical activity and self-management education program. It includes health education, stretching and strengthening exercises, and motivational strategies. It can be done by individual using the Walk with Ease workbook on their own, or by groups led by trained leaders. Set up as a structured six week multi-component program. While walking is the central activity, Walk with Ease is a multi-component program that also includes health education, stretching and strengthening exercises, and motivational strategies. Group sessions include socialization time, pre-walk informational lecturettes, warm up and cool downs and a 10-35 minute walking period.	English/Spanish	Older Adults	<p>Co-sponsorship agreement with Arthritis Foundation.</p> <p>Participant workbooks-\$11.96</p>
We Can! Ways to Enhance Children's Activity and Nutrition	Handouts and Tool Kit with six hour lessons downloadable from website	<p>National Heart, Lung and Blood Institute http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/</p>	Initiative designed to give parents, caregivers, and entire communities a way to help children ages 8-13 years stay at a healthy weight. Nutrition education materials are adaptable for use with the older adult population.	English	Children/ Families/ Caregivers/ Older Adults	Free to download

SNAP-Ed Acknowledgment of Funding Statement

Notes About Educational Materials *General*

State agencies should design SNAP-Ed materials to address the cultural, literacy, language, and income needs of the SNAP-Ed target audience.

State agencies should submit media messages and materials prior to their release to FNS Regional Office staff for review, particularly when States are planning large media campaigns and productions.

FNS reserves a royalty-free, non-exclusive right to reproduce, publish, use, or authorize others to use photographs, videos, recordings, computer programs and related source codes, literature, or other products produced, in whole or in part, with SNAP funds for Government purposes.

Materials with subject matter that is beyond the scope of SNAP-Ed, including the screening for diseases and the treatment and management of diseases, are not allowable costs.

FNS encourages State agencies to submit their materials to the SNAP-Ed Connection for consideration and inclusion in the Resource Finder Database.

Guidelines for Duplicating or Editing SNAP-Ed Materials

- If the materials will be reproduced as is, nothing needs to be done.
- When any changes or additions are made to the content or design of SNAP-Ed materials, the SNAP and USDA logos must be removed and the following statement must be added:

"Adapted from U.S. Department of Agriculture, Supplemental Nutrition Assistance Program. USDA does not endorse any products, services, or organizations. Provided by (organizations name)."

- If the name or logo of an organization or company is added to the document, the SNAP and USDA logos must be removed and the following statement must be added:

"Adapted from U.S. Department of Agriculture, Supplemental Nutrition Assistance Program. USDA does not endorse any products, services, or organizations. Provided by (organizations name)."

Non-discrimination Statement: Materials developed or reprinted with SNAP-Ed funds shall include the following non-discrimination statement:

English:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or [if](#) all or part of an individual's

income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

For SNAP publications, add the following paragraph:

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State).

Spanish:

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados, y solicitantes de empleo a base de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication,

1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas, o con discapacidad del habla que deseen presentar sea una queja de EEO (Igualdad de Oportunidades en el Empleo) o del programa, por favor contacte al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

Las personas con discapacidades que deseen presentar una queja del programa, por favor vea la información anterior acerca de cómo contactarnos directamente por correo postal o por correo electrónico. Si necesita medios alternativos de comunicación para obtener información acerca del programa (Braille, caracteres grandes, cinta de audio, etc.) por favor contacte al Centro TARGET del USDA al (202) 720-2600 (voz y TDD).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Para publicaciones del SNAP, agregue el siguiente párrafo:

Para obtener más información acerca de cuestiones del programa SNAP, las personas deben contactar al número de línea directa del USDA SNAP al (800) 221-5689, que también está en español o llame a [State Information/Hotline Numbers](#) (dé clic en el enlace para obtener un listado de números de línea directa por estado); lo puede encontrar en internet en [http://www.fns.usda.gov/snap/contact info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

Edits and size requirements: Additions, edits, or deletions to the Civil Rights statement are not allowed. There are no print size requirements when the full Civil Rights statements are used. If the material is too small to permit the full statement to be included, the material at a minimum should include the following statement:

- **English:** "USDA is an equal opportunity provider and employer."
- **Spanish:** "USDA es un proveedor y empleador que ofrece oportunidad igual para todos."

Credit: Should be provided to SNAP as a funding source on newly developed and reprinted materials. FNS recommend the following statements:

- **English:** "This material was funded by USDA's Supplemental Nutrition Assistance Program -- SNAP."
- **Spanish:** "Este material se desarrolló con fondos proporcionados por el Supplemental Nutrition Assistance Program (SNAP en inglés) del Departamento de Agricultura de los EE.UU. (USDA siglas en inglés)."

Outreach: A brief outreach message about SNAP should be provided on all newly developed or reprinted materials, including materials for television, radio, and other media. FNS recommends the following statement:

- **English:** "The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact [enter your local office or toll-free number, or other useful information to help identify how to get services]."
- **Spanish:** "El Supplemental Nutrition Assistance Program (SNAP en inglés) ofrece asistencia relacionada con la nutrición para gente con recursos limitados. Estos beneficios le pueden ayudar a comprar comida nutritiva para una mejor dieta. Para obtener más información, comuníquese con la oficina de servicios sociales de su condado."

**Area Agency on Aging
SNAP-Ed End of Year Education Administration Reporting System Form (EARS)
Federal Fiscal Year 2014**

PSA Number _____
 Area Agency on Agency Name _____
 Contact Name and Email Completing Form _____
 Award Amount for Federal Fiscal Year (FFY) (July 1, 2014 - September 30, 2014) _____

Direct Education

1a) Number of SNAP-Ed PARTICIPANTS reached through communication and events (unduplicated)

Each individual counts as one participant, regardless of the number of times he or she has participated in direct education activities.

		A
		60+
1	Number of SNAP Recipients in SNAP-Ed	<input type="text"/>
2	Number of All Other Participants in SNAP-Ed	<input type="text"/>
3	Total number of SNAP-Ed Participants	<input type="text"/>

1b) Number of SNAP-Ed CONTACTS by Age and SNAP Status

A SNAP-Ed contact is defined as an interaction in which a SNAP-Ed participant participates in a direct education activity. Each SNAP-Ed participant may have one or more SNAP-Ed contacts.

		B
		60+
1	Contacts with SNAP Recipients in SNAP-Ed	<input type="text"/>
2	Contacts with All Other Participants in SNAP-Ed	<input type="text"/>
3	Total contacts of SNAP-Ed Participants	<input type="text"/>

2a) Total Number of SNAP-Ed Participants who are:
 (The total for this should equal the total for question 1a, row 3, A.)

☐ Female ☐ Male

2b) Total Number of SNAP-Ed Contacts who are:
 (The total for this should equal the total for question 1b, row 3, B.)

☐ Female ☐ Male

3) Race and Ethnicity (Unduplicated only)

Individuals Reporting ONLY ONE RACE		Number of Hispanic/Latino SNAP-Ed Participants by Race	Number of Non-Hispanic/Latino SNAP-Ed Participants by Race	Total by Race
	1. American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3. Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4. Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5. White	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individuals Reporting MULTIPLE RACES	6. American Indian or Alaska Native and White	<input type="text"/>	<input type="text"/>	<input type="text"/>
	7. Asian and White	<input type="text"/>	<input type="text"/>	<input type="text"/>
	8. Black or African American and White	<input type="text"/>	<input type="text"/>	<input type="text"/>
	9. American Indian or Alaska Native and Black	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10. All Others Reporting More Than One Race	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11. TOTAL by Ethnicity	<input type="text"/>	<input type="text"/>	<input type="text"/>

4) List All Types of Settings

Type of Setting	# of Different Sites/ Locations	Type of Setting	# of Different Sites/ Locations
Adult Education & Job Training Sites	<input type="text"/>	Libraries	<input type="text"/>
Adult Rehabilitation Centers	<input type="text"/>	Churches	<input type="text"/>
Worksites	<input type="text"/>	Public/Community Health Centers	<input type="text"/>
Community Centers	<input type="text"/>	Public Schools	<input type="text"/>
Elderly Service Centers	<input type="text"/>	Head Start Programs	<input type="text"/>
Emergency Food Assistance Sites	<input type="text"/>	Other Youth Education Sites (includes Parks & Rec.)	<input type="text"/>
Extension Offices	<input type="text"/>	Shelters	<input type="text"/>
Farmers Markets	<input type="text"/>	WIC Programs	<input type="text"/>
SNAP Offices	<input type="text"/>	Other (Indian Tribal Organization):	<input type="text"/>
Food Stores	<input type="text"/>	Other (Community Gardens):	<input type="text"/>
Public Housing	<input type="text"/>	Other (Community Based	<input type="text"/>
Individual Homes	<input type="text"/>	Other (please specify): "	<input type="text"/>

5) Direct Education Programming Format for Entire Year

	Format	A Enter # of sessions delivered for each type provided	B Time RANGE per session (in minutes) i.e. 10-120 min	C % delivered by interactive multimedia
1	Single session	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Series—2 to 4 sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Series—5 to 9 sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Series—10 or more sessions	<input type="text"/>	<input type="text"/>	<input type="text"/>

6) Identify up to four direct education topic areas of emphasis from the list below

Code: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>
A. Fat Free and low fat milk or equivalent	I. Physical Activity	J. Promote Healthy Weight	K. Sodium & Potassium
B. Fats and oils	L. Whole Grains	M. Food Safety	N. Other: MyPlate
C. Fiber-rich foods	O. Other: <input type="text"/>		
D. Food shopping/preparation			
E. Fruits and vegetables			
F. Lean meat and beans			
G. Limit sugars or caloric sweeteners			
H. My Pyramid			

7) Types of Activity

Check all methods/materials used for DIRECT education.

- ☐ Consumer Nutrition Education
 ☐ 1-on-1 Nutrition Education
☐ Grocery Store Tour
 ☐ Physical Activity w/ Nutrition Education
☐ Other

Indirect Education

Please complete the following tables for the indirect education you have conducted for the entire federal fiscal year.

8a) Types of Material Distributed

	Check if applicable
Fact sheets/pamphlets/newsletters	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Calendars	<input type="checkbox"/>
Promotional Materials w/nutrition messages (pens/pencils/wallet reference cards/magnets/cups/etc.)	<input type="checkbox"/>
Website	<input type="checkbox"/>
Electronic (Email) materials/info distribution	<input type="checkbox"/>
Videos/CD Rom	<input type="checkbox"/>
Other	<input type="checkbox"/>

8b) Estimated Size of Audiences Reached through Communication and Events

For each type of communication channel and event enter the estimated number of individuals in the target population(s) reached and the code of the source of the data used to tabulate the estimate.

Source Data Code

1 = commercial market data on audience size

2 = survey of target audience

3 = visual estimate

4 = other

	Estimated No. of target population reached	Source of Data
Community Events/Fairs - Participated	<input type="text"/>	<input type="text"/>
Community Events/Fairs - Sponsored	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Nutrition Education Radio Public Service Announcements	<input type="text"/>	<input type="text"/>
Nutrition Education TV Public Service Announcements	<input type="text"/>	<input type="text"/>
Nutrition Education Articles	<input type="text"/>	<input type="text"/>
Billboard, Bus or Van Wraps, or Other Signage	<input type="text"/>	<input type="text"/>

Total Expenditures for Current FFY

9) Please report how much you have spent for activities conducted during FFY 2014. _____

Is the total amount you spent this FFY the same amount you have claimed to your SNAP-Ed Final Report of Expenditures (CDA 2003)? _____

If no, please explain why and when you anticipate the SNAP-Ed Final Report of Expenditures (CDA 2003) will match actual expenditures. _____